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POTT'S DISEASE OF THE SPINE.

BY CHARLES H. SPRING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

CASE III.*—This patient—a daughter of Mr. Rufus S——, of this city—became affected with caries of the spine at two years of age; the disease involving the ninth and tenth dorsal vertebræ, resulting in a somewhat extensive curvature. She became very much emaciated, and unable to stand, unless assisted by an attendant, and supported the weight of the body by resting her hands upon her knees. The spine was bent quite sharply at the point of disease, instead of forming a longer curve, as is more frequently the case in the advanced stages.

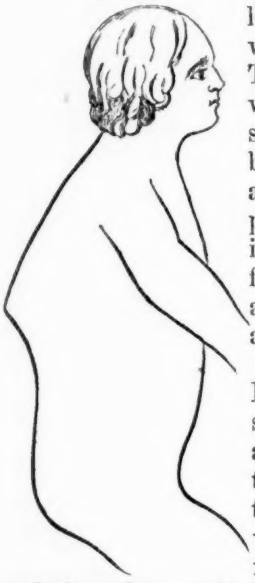
She came under treatment a year and a half since, at which time the disease had been progressing for two years. There was great difficulty of respiration, and the frequent attacks of pain in the bowels were a source of great suffering. The appearance of the patient at this time is shown in the cut (Fig. I.).

The method of treatment adopted was the application of mechanical support, with tonics and as generous a diet as the patient was able to take. The apparatus was so applied as to support the weight of the body and upper extremities from the hips, with moderate pressure upon the curvature. Under this treatment the patient began to improve, and gained strength for several months, when she was removed to New Brunswick, after which I did not see her for six months. Meanwhile the external support was not continued, and the little patient grew worse rapidly. In January last she was brought back to this city; upon examination at that time, a tumor was found at the side of the spine and below the point of the disease, which was slightly fluctuating, indicative of a lumbar abscess; a second abscess was forming on the upper part of the thigh, just below Poupart's ligament. Iodide of potassium was prescribed, and different preparations of iodine applied externally, with but lit-

* Cases I. and II. were reported in February last.

tle apparent effect. There was entire loss of motion in the lower extremities, with inability to control the fæcal or urinary discharges. The abscesses formed slowly, and early in March that in the femoral region exhibited distinct fluctuation, and was opened by a free incision, discharging eight ounces of pus, abounding in flakes of lymph and shreds of broken-down tissue. The lumbar abscess was opened a few days afterwards, discharging about four ounces of pus. These continued to discharge for six weeks, when they closed by the use of pressure constantly applied; since which time there has been no tendency to the further formation of abscesses. During the discharge of pus the patient became very much reduced; but after it ceased she gained rapidly, fully recovering from the paralysis of the lower extremities, and is now as healthy and strong, apparently, as other children at her age.

Fig. I.



After fluctuation was distinctly felt below Poupart's ligament, the tumor was lessened in size by placing the patient upon her back, and an impulse given to it when she made an effort to cough, as is usually the case in the formation of psoas abscess. The lumbar abscess was materially diminished after opening the first one, but as there still remained an accumulation of pus, which showed evident signs of opening upon the surface, it was deemed advisable to lance it. During the time that the abscesses were forming, the mechanical support was continued, and as much pressure applied upon the curvature as the condition of the patient would admit; this was more easily accomplished as the abscess was below the prominence of the curvature, and was not disturbed by the pressure applied at the latter point. The result of the applied pressure was that the curvature has been greatly reduced, and the back now presents the appearance shown in Fig. II. During the treatment of this case, the patient has been allowed to move about as much as she felt inclined, except during the time the abscesses were forming and until the discharge had ceased, as the use of the limbs was not regained until that time.

Fig. II.

Case IV.—Miss A., of this city, came under my care for treatment of caries of the spine, in June, 1861. The curvature was both angular and lateral, having for its centre the last dorsal vertebra; the projection was comparatively slight, being less than an inch, though the

disturbance to the general health resulting from it was great. She had had almost constant pain in that vicinity for the two years preceding, which was greatly increased by the least fatigue or overexertion, and which had materially affected her health. There was a partial loss of power in the lower extremities, and, at times, a feeling of numbness in the limbs, which was a source of much annoyance. Mechanical support was applied at once, with manifest relief. During the summer, the patient suffered very much from diarrhœa, which produced great prostration and consequent increase of pain in the back. Early in September she had recovered from the effects of the diarrhœa, and the pain in the back was very much relieved. Much permanent benefit was experienced from the application of leeches at the point of the disease, as it relieved the excessive tenderness and the peculiar throbbing pain that is so frequently felt during the acute inflammatory stage of the disease. The sensitiveness of the whole back was excessive, and was productive of much suffering, with occasional neuralgic pains, which were felt in the back, and at times extending down the limbs. During the winter the curvature was mostly reduced, so that it is hardly perceptible at the present time. As the curvature was reduced, the tendency to paralysis disappeared and the general health has been restored. Citrate of iron and quinia were prescribed, with manifest improvement.

Most of these cases had been treated, previously, after different methods, and with variable results. As long as the patient is confined to the recumbent position, much improvement is made, but when this is discontinued, and the weight of the upper portion of the body allowed to rest upon the diseased vertebræ—as in walking—the whole train of morbid symptoms returns, unless this pressure is obviated by artificial support. In these cases, the patients have been allowed to walk about as much as they felt inclined, without restraint.

No. 7 *Harrison Avenue, Boston, July* 10, 1862.

POLYPOUS GROWTH IN ONE OF THE COLUMNÆ CARNEÆ.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The following interesting *post-mortem* appearances came under my notice a short time ago; can you, or any of your numerous readers, suggest any symptom or set of symptoms that would lead to a reasonable diagnosis of the conditions developed by the autopsy?

Tuesday, July 1st, Drs. Freeman, Jennings and myself were invited to examine the remains of Mr. A., with a view to determine the cause of his sudden decease on the day previous. The history of the case, so far as we could learn, was as follows. He had been subject to occasional tumultuous action of the heart, with attendant

dyspnœa; also to persistent attacks of flatulence, for which he had been treated by Dr. Vermilye. So far as I can learn, no critical examination of the sounds of the heart was ever instituted. For two or three days before his death, the patient seemed rather more unwell than usual; had considerable distress in the præcordial region, with severe dyspnœa; still, he was walking the streets and conversing with friends and acquaintances. On Monday, June 30th, about 11 o'clock, he entered his house, seated himself in a chair, and instantly expired. Deceased was about 80 years old, quite corpulent, and not very infirm.

Dr. Freeman conducted the examination. An incision from between the clavicles to the point of the sternum was made along the median line; the skin and adipose tissue dissected away, and the sternum separated from the cartilages of the ribs and turned back. The pericardium was found distended with a serous fluid, to the amount of about six ounces; the external surface of the heart presented a corrugated appearance, and the organ was rather smaller than usual. The cavities of the left auricle and ventricle, with the mitral valves, were in a normal condition; the right auricle was quite fatty and soft—readily broken down by the thumb and finger; the right ventricle was normal; the tricuspid valve was obstructed by a polypous growth, originating from one of the columnæ carneæ, which was about one inch in length, of the size of a goose quill, attached in the centre and free at both ends; the ends were entangled among the chordæ tendineæ. It was flesh-colored and somewhat softened, but still presented considerable resistance to compression. Lungs normal. Other organs not examined. Yours, &c.

Newark, Ill., July 12, 1862. H. C. Robbins.

AMPUTATION THROUGH THE KNEE-JOINT.

[Communicated for the Boston Medical and Surgical Journal.]

By L. P. Babb, M.D., Eastport, Me.

The first of last April, I amputated *through* the knee-joint, for a disease of the tibia of many years' standing, in the person of one Dean, of Lubec. My patient, though upwards of 45 years of age, much enfeebled by his painful disease, which discharged a very fœtid and ichorous matter, at times bleeding profusely, and who was of a strumous diathesis, not only passed through the operation, under the influence of chloroform and ether, in the proportion of one third of the former to two thirds of the latter, without any untoward symptom, but has made a rapid recovery, without any accident.

I adopted the *circular* process—upon the under side. The skin contracted as the knife was carried round, in consequence of his habit, necessarily, of carrying the leg flexed upon the thigh, to such an extent that the lower surfaces of the condyles were exposed, so

much that I was tempted to convert my amputation *through* the joint into one *on the condyles of the femur*, as taught by Prof. Syme, but did not. The condyles were rapidly covered with granulations, and the unfortunate man now sports a finely turned off stump, as also a much improved condition of health.

July 14th, 1862.

REMARKS ON FUNGI,

WITH AN ACCOUNT OF EXPERIMENTS SHOWING THE INFLUENCE OF THE FUNGI OF WHEAT STRAW ON THE HUMAN SYSTEM; AND SOME OBSERVATIONS WHICH POINT TO THEM AS THE PROBABLE SOURCE OF "CAMP MEASLES," AND PERHAPS OF MEASLES GENERALLY.

By J. H. Salisbury, M.D., of Newark, Ohio.

The fungi belong to the lowest types of vegetable existence. Unlike the higher orders of plants, they are developed almost entirely in darkness (not being able to decompose carbonic acid under the influence of light), and they depend upon decaying or decomposing organic matter for the materials of their growth. They differ from flowering plants in their chemical influence upon the air. Like animals, they absorb oxygen and give out carbonic acid. Decay is an essential condition to their development. Besides organic decomposition, a certain degree of heat and moisture must exist. These three conditions are requisite, to excite their vegetative activity—but in very different degrees in the different families. There is another peculiarity; their cells contain a large percentage of nitrogenized matter, making their composition more analogous to animal matter, than to the higher orders of plants. Their growth and maturity are usually rapid—requiring often but a few hours—and with almost equal rapidity they decay. The odors they emit in decay are more like those of putrescent animal than of vegetable matter. There are exceptions to this, however, in those families where their textures are of an almost woody firmness and of a slow growth, as in many of the *Polypori* and *Boliti*.

The fungi are variously distributed among organized nature; each species growing only upon such bodies (even though the temperature and moisture be rightly adapted) as will furnish to it the materials from which it can make the proximate products that are peculiar to it. For instance, the gory dew and red snow *(Protococcus nivalis)* form invariably a peculiar red secretion, to which they owe their color; and they will grow only where they can obtain the elements to form this red matter. The yeast plant *(Penicillium)* invariably forms an albuminous secretion, and it will vegetate only in bodies which can supply the materials for this substance. From this it would appear that peculiar states and combinations of organized matter control mainly the developmental distribution of parasitic fungi. The spores planted in their proper soil, only demand in ad-

dition a certain amount of moisture and degrees of temperature—these present, they rapidly develop.

Those *Fungi* known by the common name of mould, mildew, smut, &c., attach themselves to and are developed from living tissues as well as from dead organic matter; yet in both cases they depend alike upon decay for their development.

In plants we have common examples of this in the *Uredo*, which attacks the maire plant; the *Secali*, which attacks the rye plant; the *Puccinea*, which attacks the rose bush; the *Botrytis infestans*, which causes the potato rot; the *Merulius lacrymans* and *Polyporus destructor*, which cause *dry rot* in timber; the *Sphæria morbosa*, which attacks plum trees; the *Oidium*, which produces decay in fruit; the *Penicillium* and *Aspergillus*, which attack bread and cheese; and the yeast and vinegar plants, which are submerged stems or mycelia of the *Penicillium*. The savin or juniper tree is attacked by a peculiar genus—*Podisoma*—which bursts from the bark and swells under the influence of moisture to a gelatinous mass; and the black irregular scars on apples are produced by the *Spilocena fructigena*.

Others attack the housekeeper's preserved fruit, paste, mustard, and even clothing. Others the farmer's grain and grass; the vintager's grapes; and the gardener's vines, vegetables and flowers. Scarcely any vegetable production, either living or dead, escapes the ravages of these parasites.

Animals also have their parasitic *fungi*. The disease (in Italy and the south of France) termed *Muscadine*, which sometimes attacks the caterpillars of the silkworm in large numbers, just when they are about to enter the chrysalis state, has been ascertained to be due to the growth—within their bodies—of a minute fungus *(Botrytis bassiana)* nearly resembling the common mould.

It is capable of being communicated from one individual to another. It spreads in the fatty tissue beneath the skin, occasioning its destruction. The fungus spreads by the extension of its own stems and branches, and by the production of numerous sporules, which in their turn vegetate, and finally produce the death of the worm.

The flies found adhering to our windows are destroyed by a mould *(Sporendonema muscæ)* which produces the little white rings between the abdominal segments and discharges its spores upon the glass around like a little cloud. In the West Indies, it is not at all uncommon to see individuals of the species *Polistes* (a wasp-like insect) flying about with plants, their own length, projecting from some part of the body. In time this growth spreads through the whole body, causing death; after which the plants grow with much more luxuriance from the dead body than they formerly had from the living.

A similar growth *(Cordyceps Robertsii)* takes place in the bodies of certain caterpillars in New Zealand, Australia and China. Some of our American caterpillars are destroyed by the *Cordyceps milita-*

ris. The *Onygena exigua* attacks the hoofs of the horse, and the hoofs and horns of cattle. (The *Isaria felina* is found in the fæces of cats deposited in dark and obscure places.)

In certain diseased conditions of the cutaneous surface—in man—named *Porrigo favosa* and *Sycosis menti*, a considerable development of fungous vegetation takes place; and the same has been discovered to be true of the white patches *(Aphthæ)* on the lining membrane of the mouth in children, which are known as *thrush*. In all these cases, however, a certain morbid condition of the animal fluids must exist in order that the germs of the fungus may develop themselves; so that the condition, rather than the presence of the fungus must be looked upon as the essence of the disease.* The individual cells and spores of the *Fungi* are microscopic, and so light that they are suspended in and borne about by the air. They are so minute that they permeate alike the tissues of animals and plants. Whenever it happens that the spores enter matter that is suited to their sustenance, and the proper amount of heat and moisture are present, they rapidly develop. It would be very strange if very many abnormal conditions of living tissues were not produced by this insidious vegetation. The plants being mostly microscopic, and requiring often but a few hours for their development and decay, renders their discovery one fraught with far greater difficulty than would at first be supposed. When no development of the spores takes place in the tissues, no doubt in many instances they exercise a deleterious influence by their presence alone, as many of the larger and better known fungi have been ascertained to possess peculiar poisonous properties, which, in their action on the human system, resemble much in their depressing effects the animal poisons.

With these preliminary remarks we enter upon—

Some observations connected with measles and the fungi of wheat straw.

Hon. J. Dille, of Newark, Ohio, came to my office on the evening of the 9th of December last, and stated that he was just recovering from what he believed to be an attack of measles. It was his opinion he had contracted them from pitching straw from an old stack. He stated that on December 4th he pitched from an old stack a load of straw, and unloaded it in his stable. Portions of the stack had become partially decayed, and were already steaming with the heat of incipient decomposition. In pitching over and picking out the best straw the air became filled with a fine dust, which he freely inhaled. The dust tasted and had the odor of old straw. This took place during the forenoon. His throat soon began to feel dry and irritated. When he returned to dinner, he could still taste and smell the old straw. This taste and smell he could not get rid of. During the following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing he was taken with a severe chill, with pains in the head and back, and felt so sick and prostrated that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in

* Carpenter's General and Comparative Physiology.

the head, so much so that a portion of the time he was delirious. He felt a heavy congested feeling about the chest, his throat and fauces were swollen and inflamed, with severe catarrhal symptoms. An eruption like that of measles appeared on his face and neck, and the *old straw* taste continued. His fever continued high through the following (Thursday) night, with severe pains in the head.

Friday, December 6th, he felt much better, and was able to be up around the house. The fever and catarrhal symptoms had partially subsided. His eyes were sensitive, watery, and inflamed.

Saturday, December 7th, felt much better. The eruption had passed downward over the whole body, and had begun to disappear from the face. He rapidly recovered, so that on Monday, December 9th, he was moving about the streets. In the evening of the 9th he called at my office. His eyes were still red, inflamed, and sensitive; throat sore, dry, and voice hoarse, and had a heavy congested feeling still about the chest. The blotches on the face could be faintly distinguished. He stated that he could still taste the old straw in his throat.

Measles at Camp Sherman.—At the military camp—Camp Sherman—Newark, Ohio, the measles first appeared on Dec. 4th, the same day that Mr. Dille exposed himself to the straw dust. From Nov. 23d to 30th, the weather was cool, damp, with considerable sleety rain and snow. During this time (there being between six and seven hundred men in camp), many of the tents were furnished with ticks, which were filled with straw for the men to sleep on. In the centre of each tent was a fire, built in a hole in the ground, from which the smoke was led off by an underground flue, extending to the outside of the tent. The straw ticks were arranged around the fire, several in a tent, and each tick accommodated two men. On Dec. 1st, the weather became colder and snow fell to the depth of about an inch. On the 2d—which was quite warm—this melted and wet the soil and dampened the straw ticks. Dec. 4th, the measles made their first appearance in Camp Sherman. The men came from different parts of the county, and no one knew that he had been exposed to the disease. Some had been in camp two weeks, and no one supposed to have that disease had visited the camp. Subsequent inquiries have failed to discover any one who brought them there, or to account for their appearance from the contagion of the disease. On the first day (Dec. 4th) there were eight cases, and within a week after there were forty. The disease then disappeared for ten or twelve days from its first appearance. Between the 14th and 16th the disease again made its appearance, and within a few days there were between forty and fifty cases more, when the disease ceased altogether. These last cases, occurring so near the usual time when the disease ordinarily makes its appearance after exposure, renders it probable that they were communicated from the first cases.*

On the 3d of December it became warm and pleasant as growing

* For these facts I am indebted to Hon. J. Dille, and the Assistant Surgeon, Dr. James Hood.

weather in spring—and continued warm and delightful till Dec. 10th. On the 11th and 12th it was cold and freezing. The 13th and 14th were cool. From the 15th to the 21st the weather was warm and pleasant.

The following is the statement of Mr. S.—"In November, 1842, I returned home from school on a Friday. My father had the threshers, with a machine, threshing wheat. The wheat had been stowed away in the mow and in a couple of stacks outside the barn. It had undergone a slight heating, and some of the straw was mouldy. In threshing, the barn was filled with a fine dust, which tasted and smelled of old straw. I was on the straw stack all Friday afternoon and the whole of Saturday. About 4, P.M., Saturday, I became very chilly; throat and fauces became sore and swollen; a tightness and congested feeling about the chest: eyes inflamed and sensitive; and severe pains through the head and shoulders, with a feeling of weariness. Following the chill, came on a high fever, with increased pains and throbbing in the head and severe catarrhal symptoms. I do not remember of ever passing a more disagreeable night. The next day (Sunday) had a high fever, with severe pains in head, back and limbs; eyes swollen and sensitive, and considerable thin mucous secretion from the nose and fauces. Towards evening a few blotches made their appearance on my face. The following day (Monday) I felt rather better; the fever and catarrhal symptoms had partially subsided, and my face and neck were completely covered with blotches. My father immediately remarked that I had measles. This surprised us all, as I had not been exposed to the disease, there being none in the town where I was attending school, or in the vicinity. In the course of a couple of days, my whole body and limbs were covered with the eruption. The disease passed off like a case of ordinary measles, leaving no bad effects, save inflammation of the mucous membrane of the eyes. This I did not get rid of till the warm weather of the following spring. In from seven to fourteen days after the eruption commenced in my case, all my brothers and sisters (seven in number) were in bed with the genuine measles. My eldest brother attended school with me, and returned home when I did. These were the only cases of measles anywhere in the vicinity during that fall and winter. In my attack the disease commenced with much greater violence than in either of the others. The fever ran higher, and there was greater disturbance about the head, chest, and throat."

Bearing upon this may be mentioned the circumstance, that in almost every instance where our soldiers have gone into camp, after a short time the disease—called *camp measles*—has made its appearance, without any previous exposure—so far as known—to the measles. It should also be stated that their beds have been usually straw.

At the monthly meeting of the "*Farmer's Club*," near Newark, Ohio, last month, several of the farmers stated to Mr. Dille, that it was quite common, after threshing wheat, for persons who had been exposed much to the dust, to be taken with severe chills; followed by a high fever, catarrhal symptoms and an eruption on the face. None of them could state, that any one had ever had the attack

twice; nor whether they had known any cases to follow the threshing of any other kind of grain than wheat.

It is well known among swine growers, that when they bed their hogs in straw, they are affected with an eruption in the throat, fauces and roof of mouth, accompanied with coughing.

Microscopical Examination of the Fungi of Wheat and Rye Straw.—With these observations before us, we deemed the subject one worthy of a further and more careful examination; an examination which would afford something more positive. With this view, the fungous growths of wheat straw, and the dust rising from it when disturbed, were carefully examined under the microscope. The straw used for this purpose was taken from the beds at Camp Sherman, from Mr. Dille's stable, and from stacks in the vicinity of Newark.

We then took clean bright wheat straw—free from fungi—packed it firmly into a box about one foot square and high, wet it with about four ounces of cold well-water, pressed on and secured the lid, and set the box near the stove in the office, where the temperature ranged from 60° to 75° Fahr. Twenty-four hours afterwards I opened the box, and found the straw in the centre of the box heated and covered with a short white mould. As the straw was stirred, a fine dust of spores and cells were disengaged, and rose in the air, which, when inhaled, had the odor and taste of old straw. Examined the fungi under the microscope. The plants were in all stages of development, from those just starting to those with matured sporangia.

Again the straw was moistened, the lid secured as before, and left for forty-eight hours. The box was then opened. Found the mould had extended wider through the mass and more completely covered the straw. Submitted the plants to a further careful examination under the microscope.

We further varied the experiments in a variety of ways, and found that whenever the straw was exposed to a certain temperature, under the influence of darkness and moisture, fungi were rapidly developed. We also found that wheat or rye straw when stacked out or housed, unless unusually dry, undergoes a greater or less degree of heating, fermentation or decay, during which process a variety of fungi are developed, having the appearance of mould or mildew on the straw. When this straw is disturbed or agitated in any way, the surrounding air becomes filled with innumerable spores and cells of the broken and comminuted fungi. The individual cells and spores are too minute to be distinguished by the naked eye. They can only be seen when many are together and the air filled with them; then they appear like a thin smoke or fine dust. Suspended in the air they are freely inhaled, tasting and smelling of old straw. This taste and smell is often quite persistent, lasting for hours. The air may be filled with them, though in-

visible to us; but generally their presence can be discovered by the taste and smell.—*American Journal of the Medical Sciences.*

[To be concluded in our next.]

Bibliographical Notices.

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Dr. Johnson tells us that when he was employed on the *Gentleman's Magazine*, by Mr. Sylvanus Urban, in St. John's Gate, London—before which Gate we reverently stood more than fifty years since—he never cut the leaves of a book he was set to reviewing, but turning over signature after signature, he found enough reading lying between them, to get at the object of the author, and how he had accomplished it. In other words, the great lexicographer never cut the leaves of a book in order to review it. The later reviewer always finds the leaves cut—a hint that he must read his author. As he does not pretend to the second-sight of Mr. Edward Cave's employée, he has an additional motive to read the book upon which he is called to pass sentence. We have done this diligently and with much pleasure in regard to the work above-named, and propose to offer to the readers of the Journal some account of it.

Our author is a specialist. He has devoted himself to the study of the diseases, and their treatment, of an organ of special sensation. His preparation for these important offices he has made by long study both at home and abroad, and by the wide practice to which his distinguished reputation has given him. Specialism has its advantages. It is division of labor—an institution, if we may so call it—which has come to us from antiquity, for *ne sutor*—is classical, and the division was made long before that wise saying, and was never more practically present than now. There is some danger with its benefits. A successful specialist is sure to have followers, but it is by no means certain that they will have his preparation; and so, "fools rush in, where angels fear to tread." Medicine divided its labor very early, into medicine and surgery—the work of the mind, and the work of the hand; but always with such union of both in preparatory study, as to secure to each the important knowledge of both. Thus we find, both at home and abroad, the student is obliged to study all the branches of his profession, both direct and collateral, that he may successfully devote himself to either. We see in this that a true specialist must be thoroughly taught in everything else pertaining to his *divine art*. We have reason for dwelling on this subject, for the world is filled with specialists who know nothing of medicine or surgery, who still are successfully pressing their claims on the community's patronage by vaunted successes which they never achieved, and which are vouched for by clergymen, lawyers and others, who are as ignorant of medicine and surgery as they are of the methods and medicines of the vulgar empiricism which they in ways most unprincipled recommend. Thus we have Indian cancer doctors who advertise that they have re-

moved, and have bottled up at their offices, cancers weighing many pounds, in excellent preservation, with certificates of clergymen that they have seen them, and know or believe them to be veritable cancers. Suppose, for a moment, that physicians were to become religious specialists, set up Chapels of Ease for the cure of certain sins, and then fill the —— —— or the —— —— —— with certificates that Mrs. ——— had been cured of a monstrous tumor of vanity, pride, and all ungodliness, and which might be seen under the —— —— hotel, with the certificates of many clergy, &c. &c., and that there is no apparent return of the complaint. In other words, what would be thought of such specialists in theology? Would the clergy manifest so much christian, and other patience, under such trials, as have physicians and surgeons under like insults?

Our author is a specialist. He is thoroughly educated as physician and surgeon, as are all graduates in our Universities. A distinction is made abroad between physicians and surgeons, at least as it regards *titles*. Thus a surgeon in England is never complimented by being called doctor. Mr. Abernethy was especially annoyed by the title. We were in Manchester, Eng., a few years ago, and had a letter to one of the best modern contributors to medical and surgical literature. The letter was handed to Mr. ——, and he was addressed as doctor. He at once said, "I am not a doctor, but a surgeon." The jealousy of surgeons in this matter, if memory serve, grew out of the important public services rendered by army surgeons in the Peninsular war. Now as it is well known that distinguished foreign surgeons do practise medicine, strictly so called, and write medical books, and excellent ones too, the unwillingness to be called doctor is not easily explained. Our author is a specialist and a surgeon, but he is obliged, as do surgeons abroad as well as at home, to study and to practise as doctor or general practitioner also; and we cannot see how they can be annoyed, or lose *caste*, by being called doctor.

We have said our author is a specialist. His work is before the public, filled with the wisdom which comes of large observation, and unprejudiced thought. The important questions in the author's mind have been, what *not to do*, and, *what to do*. And in order to answer them for himself and for his profession, he begins by pointing out in sufficient detail what are precisely the diseases to which these questions, so to speak, are to be put. The descriptions are short, but contain not only salient points, but sufficient detail to enable the student or practitioner to understand the author, and to get from him both direct and differential knowledge. We like his method of treating subjects. He begins by pointing out what is *not* to be done. In other words, he states what has been done, which he thinks does not stand the test of the latest experience; and if methods are spoken of as having been useful, later discovered ones, he thinks, have been proved, by his own experience, to be better. Thus lead and nitrate of silver lotions, or collyria, which have been so long used, are replaced by our author by others which are equally useful, and which are in no degree liable to the objections which are well known to attach to the former. Much stress is laid upon the importance of having regard to the general health in the treatment of local, or eye diseases. This is an extremely important matter in the management of such maladies, especially in cases where one eye only is attacked, for in no other way may we do so much to prevent the occurrence of the same disease in the other eye.

Another matter of much importance is the rules which the patient himself may follow in the management of his case, and so avoid constant professional attendance; and so are the hints on the importance of hopefulness on the part of the patient, and of the great, almost paramount virtue of patience in both patient and doctor. We remember a case which shows the reasonableness and positive advantages of the practice of this virtue. An elderly lady, from the Provinces, whom we many, many years ago, attended, came to Boston not long since, having cataracts which had slowly, and almost entirely destroyed vision. She had been advised at home to employ our author, and called upon us to be, as a friend, present at his operations. Mrs. —— could see to get about, as the phrase is, pretty well; was not entirely helpless. The operations were done; the cataracts were broken up, and by their fragments destroyed what sight remained. This was an unexpected result to Mrs. ——, as she felt she was to have seen better. In a few days Mrs. —— went home, utterly hopeless of recovery, and bitterly lamenting her unwise visit to Boston. Weeks and weeks passed, and letters upon letters came. The answers were encouraging—and promises of seeing were more and more strongly given. At length dawn began to break upon this Polar night. Faint and feeble were its earliest beams. They grew stronger and brighter, until there came the "perfect day." Cataract glasses were sent, and did beautifully. Mrs. —— is now one of the most cheerful of elderly ladies, and we are sure will never forget the painless operations—the cheerful, steadily-expressed hopefulness of her best friend, our author. Thus does the moral enter into our professional duties. Thus does it add to the physician's power. Who that has been long in the responsible, sometimes most painfully responsible service of medicine, has not seen the effect upon the desponding—the despairing, of that short sentence, "*you will certainly recover.*" How nearly related is this declaration in its effect, to those divine words, "Be thou healed," "Take up thy bed and walk."

Our author's work is especially valuable to medical men, who, living remote from great cities, find it very difficult to get works, particularly those of the specialist, which offer the latest discoveries and improvements in medicine. The author has admirably supplied this want. He gives us, and all, the latest knowledge which his own observation, and trial, and that of others, have proved to be most useful, and in such detail as that all may use it. General directions have so wide a margin for ignorance to declare itself, that we are thankful to him who tells us the whole story of professional duty, and how to do it.

Another matter for thanks. Our author shows how dangerous is "domestic medicine" in its application to eye disease. The good lady has a kind heart who sends for the eye-stone, with which to remove some sand, or other matter which has found its way beneath the lids. "Be sure you get a *live* one, for a dead one will be worse than what has got into that eye." "Here, get some vinegar, and put the stone into it. If it crawls, or jumps, it is surely alive, and will soon do the job." Our good lady is neither mineralogist, nor chemist. And then tight bandaging the eye which is blood-shot, or in which is a foreign body—and domestic lotions of all sorts and from various sources, all of which may produce irritation, or inflammation, with not unfrequently disastrous results to the organ so unwisely treated—all these modes of domestic medication are to be avoided; and if morbid

conditions are thought to demand medical treatment, let some skilful person be consulted, and let his advice be honestly followed. The eye is a very hardy organ, and will tolerate much abuse. But when it fairly gives out—becomes radically diseased—it very slowly gets back again into health. Into no organ does such variety of structure enter as in that of the eye. Its perfect health and use depend entirely upon the harmonious action of all its tissues. It is an optical instrument, constructed of many translucent substances of different densities, situated one behind another, after such a maner that the most perfect adaptation to distance, colors, &c., is the result—the nearest and most far off objects being seen in the most satisfactory and perfect manner. It is a voluntary organ, though unconscious of volition—under ordinary circumstances: and then by itself, its own innate power—performing for us experiments of exquisite beauty in themselves, and ministering daily and hourly to our perception and enjoyment of the beautiful which lies in every path of duty or of pleasure. How strong are the demands of this wonderful organ for its best uses in health, and the wisest medication in its diseases!

Our author devotes much space to the treatment, or management of the eye, during the stage of convalescence. When shall the eye which has been diseased be brought into use, and how? When that which has driven it into darkness and repose or disease has been removed, or has disappeared. The best agents in recovering use, are LIGHT and AIR. But these produce more or less pain when first tried. So does exercise, when first tried, upon a recently fractured limb. Such a limb has been splinted and bandaged up for weeks. It has done no work. But it has got to work, and, under the circumstances, with more or less pain. Shall the convalescent, or recovered, keep forever on his back, because to get up hurts him? So with regard to the eye, which has recovered from grave disease. It must be used. It must encounter light and air, as a condition of ultimate and perfect use. There must be all needed caution used. But there *must be use*. All this is treated of by our author.

It is not the purpose of this paper to make an analysis of this work on the Eye, but we would refer to a single article only—Rheumatic Iritis. This is the most elaborate one in the volume, and as a fair specimen of its manner and matter, we offer to our readers the following on the treatment of the disease to which it is devoted. We recollect the man in Hierocles, who, having a house to sell, carried round a brick as a specimen of the building, and are perfectly willing to follow the example, in the full belief that however it may have fared with the house merchant, it will act as a practical recommendation of the work of Dr. Williams on the Eye, in the further belief that its study will be profitable both to student and patient.

"*Treatment.*—I believe this disease to belong to the class known as self-limited, having a tendency to recovery in about three weeks, provided the morbid processes do not reach the point of producing extensive adhesions of the pupil; but having also a tendency to produce serious organic alterations, and to have a longer duration, where these processes are excessively violent, and are permitted to go on unchecked. If this opinion be well founded, one important point in treatment has a high precedence above all others—the maintenance of dilatation of the pupil. In fact, without undervaluing other remedies, indicated at times by the general condition, I am confident that atropia and opium—the former to enlarge the pupil, the latter to control the pain attending the disease—are the essentials in the management of this affection. It follows that I attach little value

to mercury in the treatment of this affection, though it has formerly been regarded as almost a specific, and has been often cited as an instance of the power of remedies in arresting morbid processes.

"Such dissent from the doctrine of all the authorities demands a full explanation. From the time when iritis was described by Schmidt, of Vienna, as a distinct disease, the precept has been strongly inculcated that mercury must be given in the early stages, otherwise the golden opportunity for bringing the patient under its influence would be lost, and success could scarcely be hoped for. The authorities having thus insisted on the importance of an early resort to this remedy, each practitioner has been afraid to take the responsibility of deviating, in the treatment of so grave an affection, from the course declared to be the only path of safety. Thus very few opportunities occurred for observing the natural course of the disease—as the milder cases, which did not require treatment by medical men, recovered, and never presented themselves to their notice—whilst the severer cases, in which, the pupil having been left to itself, occlusion had resulted, and vision was destroyed, were brought forward as examples of the ravages of the affection when uninfluenced by mercury. But the authorities also advised the free local use of belladonna, at the same time that mercury was administered internally. Whenever, therefore, a patient who had been thus treated, *secundem artem*, fully recovered, the credit was given, not where as I believe it belonged, to the belladonna or stramonium, under the influence of which the pupil had been kept widely expanded—but to the mercury, which had been canonically given, even to the extent of producing ptyalism. When the result was less happy, it was ascribed, not to the neglect, or the too tardy use of belladonna (which was too often the case), but to the supposed fact that mercury was not given as soon or as freely as it should have been, or to a want of susceptibility to its influence on the part of the patient. The remark often made, that the symptoms did not begin to yield till the gums were touched, proves nothing under these circumstances; as, after a certain period, they would equally have given way had the supposed specific action been withheld. The want of any absolute specific power has been admitted, of late years, in the attempts made to provide substitutes, as turpentine, &c., in cases where mercury seemed inefficacious or evidently disagreed.

"Observation of many cases which came under my notice, where the patient had been treated with mercury to the fullest extent, but nothing had been done to dilate the pupil, and where the result was most disastrous; and reflection on the mode of action of the constitutional and local remedies, induced me to vary from the treatment I had always previously pursued according to the approved method, in certain cases that came under my care, where the patients were in such a condition as contra-indicated the use of mercury unless as an imperative necessity. These were treated by anodynes and tonics, and the pupil kept fully under the influence of belladonna, and they terminated far more favorably than the severity of the attack and the state of the patient had allowed me to expect. Encouraged by excellent results in these cases, I was led to try a similar plan in other instances; and I am confident that I never saw better results ensue, in the hands of others or myself, from the old method. If it be in our power, then, to spare the patient the infliction of the grave inconveniences and protracted convalescence often occasioned by the free use of mercury, and to relieve him as well and as quickly by other remedies, we may gladly accept the alternative."

Army Medical Intelligence

To the Surgeon-General.

HARRISON'S LANDING, VA.,
JULY 13TH, 1862.

DEAR SIR,—I have for the past two or three days, they being the first of anything approaching leisure, been trying write to you, to let you know of the integrity of the Surgeons of the 16th as far as *physical* is concerned; but the truth is, I feel debilitated from my late

labors and from the heat, and mentally inadequate to the slightest exertion. Our heavy loss in the death of the Col. you have learned. It will make a vast difference in the nature of my connection with the regiment. Its soul, the centre of its excellence, the influence which none questioned, the authority which all loved, the friend with whom in friendly chat I have whiled away long hours through dull days, and into the night, are together silenced. The 16th were particularly engaged in three battles :—the *reconnoissance* of the 18th, the battle of the 25th at Fair Oaks, and that of the 30th and July 1st at Charles City Crossroads and Malvern Hill. My position in each of these was in the rear of the regiment till the wounded began to come in, and hospitals in the safe distance (usually houses about one mile from the field of battle) were located. I saw and took part in every species of operation in these days, for the kinds of injuries were multifarious.

During our march from Fair Oaks, we were obliged to throw from the wagons, on account of the roads, a considerable amount of baggage. Before starting on this retrograde movement we had thoroughly sifted our baggage, taking the bare necessaries, and only saving one hospital tent and the flies of four tents for the Field and Staff. Be assured it cost a pang to see a portion of these missing at the terminus of the route, and my heart ached to find that the last noble Roman of all the hospital tents had gone by the board. I have since by requisition replaced it, by one, however, much smaller than we are used to.

At present we are recruiting our health and strength in a camp located about two miles from Harrison's Landing, and there is a necessity for it. My morning report has about 100, on an average, excused from duty. This morning it is 85—an improvement. There is no severe sickness, but the men are debilitated, and many are having camp diarrhœa. I have myself been suffering from the latter, but am now somewhat better. Dr. Whiston sends regards.

I remain, with respect, your ob't serv't,

C. C. Jewett, *Surg. 16th Mass. Vols.*

Medical Affairs at Fortress Monroe.—The Department of Eastern Virginia is not less the seat of medical than military interest. Its hospitals are filled to overflowing with the sick and wounded from the battlefields about Richmond. This immense influx brings the utmost pressure upon the medical officers who administer the affairs of the Department. The Medical Director, Dr. John M. Cuyler, U.S.A., upon whose broad and well-worn shoulders falls the burden of this unparalleled responsibility of providing for the cargoes of sick daily arriving, proves himself equal to the task. Ever engaged, yet attentive to the wants of the humblest, constantly harassed with the endless details of business, yet always affable and courteous, Dr. Cuyler seems peculiarly well adapted to the position he now occupies. But his friends (and who that has come within the circle of his acquaintance is not his friend ?) will rejoice to learn that Government has called him to another and still more important sphere of duty. He is the senior officer of the Corps of Medical Inspection, recently appointed by the President, and attached to the Medical Bureau. It is to be regretted that the same discretion has not been exercised in the selection of the entire corps. The Medical Purveyor, Dr. R. H. Gilbert, is an efficient officer, and gives order and system to the despatch of bu-

siness. He has lately improved the *armamentarium* of the military surgeon. His general operating case has not received the attention it deserves. It is compact and yet complete to an extent surpassing any case I have ever examined. I regret that Dr. Smith has not illustrated it in his *Hand-book of Surgical Operations.*

The hospitals in this vicinity are the Mill Creek Hospital, in charge of Brigade Surgeon John W. Hunt; the Chesapeake Hospital, in charge of Brigade Surgeon R. B. McKay; and the Hygeia (now merely used as a depot for the receipt and transfer of the wounded), in charge of Brigade Surgeon Bontecou.

The Mill Creek Hospital consists of a number of buildings so arranged as to carry out the idea, to some extent, of the Pavilion hospital. The main building is 250 feet in length by 50 feet in width, a rude board structure, the entire area being a single ward, accommodating 200 patients. The ventilation is very perfect, and notwithstanding the hospital is filled to its utmost capacity with the severely wounded, the atmosphere is not perceptibly tainted. Three other buildings have been erected adjacent to this hospital on a similar plan, and several others will be constructed. As yet, erysipelas has scarcely appeared in this hospital, and pyæmia is not very frequent. Great credit is due to Dr. Hunt for the efficient management of this institution; with rare administrative ability he combines the sound judgment of a discreet and experienced surgeon; the knife is never used as an experiment, and rarely as a *last resort*—the common plea of the mere operator. The following gentlemen compose the surgical staff of the hospital:—Drs. Orsamus Smith, T. B. Crooker, J. H. Reynolds, T. E. Waller, L. Beers, C. McCormick, L. S. Bowles; Medical Cadets, E. E. Luster and O. M. Pray.

The Chesapeake Hospital is the old seminary of that name, standing on the shore of the James River, about two miles from the fort. It is a large, fine building. The ventilation is very imperfect, as the rooms are small, but this defect is remedied by the location, which is close to the river, and by the freedom from surrounding buildings, or forests. Erysipelas does not appear here, and pyæmia is seldom met with. Dr. McKay is a very capable officer, and manages the details of this hospital with great success. Like Dr. Hunt, he is conservative in the practice of surgery, and not a few patients may thank him for taking their discharge from this hospital in the erect, rather than the recumbent posture.

In addition to the above, from the *American Medical Times*, we learn, from another source, that for eight months up to July 1st, there have been received into the Hygeia Hospital 2200 patients, in all of whom 1329 returned to their respective regiments, 627 were sent to the general hospital, 29 were discharged and sent home, 201 died, and 44 remained in the hospital July 1st. Many of the deceased were in a dying condition when they were brought here, and some had even died before being carried into the hospital building.

For eighteen days past in July, there has been received into the above hospital 418 patients, of whom 238 have been sent to the general hospital, 166 have recovered and returned to service in their regiments, and 3 died, leaving in all 66 patients in this hospital.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 24, 1862.

One of the necessary evils growing out of the heavy taxation with which the country is soon to be burdened, a taxation affecting nearly all commodities of a commercial nature, will be, it is feared, the revival of a practice to which dealers in medicines are peculiarly prone, and which has already repeatedly called for legislative action; we allude to the adulteration of drugs. In these days, when self-interest seems to have become paramount to all else, when the modicum of virtue has not reached such a point among men as to render the millennial period an event of immediate probability, it may again become the duty of legislators to guard the public against the danger arising from this pernicious and wicked practice. That the temptation to many will be unusually pressing, to resort to this somewhat unscrupulous method of preserving a pecuniary equilibrium, may be regarded as more than probable, when we consider the greatly-increased expenses of living, together with the increase in the prices of medicines. Many druggists who before have been enabled to gain a livelihood, will thus be in danger of being thrown out of employment, on finding an honest subsistence by this means to have become problematical; while others, less scrupulous, will not hesitate to gain by fraud what may be lost by misfortune. There should be no lukewarmness in this matter; it is one far too serious to be lightly considered. So long as there are those base enough to meditate so gross an offence against the public whom they profess to serve, so long will it be incumbent upon the profession, as well as others, to see that their purposes are frustrated, and that the offenders are brought to speedy justice. There are offences which, by their boldness and adroitness, command a certain measure of admiration for their perpetrators: and there are also those, and to this latter class belongs the one to which we now allude, that can only be committed by a mean and sordid soul, who but excites our pity and contempt.

Fiske Fund Prize Questions.—The subjects proposed by the Trustees of the Fiske Fund for 1863, are as follows:—

I. What evidence is there that inflammatory and febrile diseases have undergone any general change of type?

II. Gun-shot wounds, particularly those caused by newly-invented missiles.

For the best dissertation on either subject, the Trustees offer a premium of one hundred dollars.

Dissertations should be sent to Dr. S. A. Arnold, Secretary of the Trustees of the Fiske Fund, Providence, R. I., on or before May 1, 1863—expenses prepaid. Each dissertation should bear some motto, and be accompanied by a sealed letter or packet, bearing the same motto on the outside, and the author's name and residence within. Successful dissertations, on the payment of the premium, become the property of the Fund. The awards, if any, will be announced at the annual meeting of the Rhode Island Medical Society, in June, 1863.

HARVARD MEDICAL SCHOOL.—The following is a list of the gentlemen who received their medical degrees on the 16th inst., with the subjects of their dissertations :—

NAME AND RESIDENCE.	THESIS.
Isaac Adams, Jr., Boston,	*Diphtheria.*
Joseph Wales Clift, N. Marshfield,	*Hereditary Disease.*
George Dresser, Springfield, Vt.,	*Typhoid Fever.*
George Franklin French, Dover, N. H.,	*Fallacies in examining for Sugar in Urine.*
Edmund Foster Kittredge, Lowell,	*Fractures of the Cervix Femoris.*
William Basilio Mackie, Trinidad de Cuba,	*Tetanus.*
Joseph Waite Merriam, Boston,	*Stricture of the Urethra.*
James Oliver, Jr., Athol,	*Apoplexy.*
Thomas Henry Pryor, Cambridge,	*Vaccination.*
Edward Russell, Quincy,	*Phthisis.*
George Francis Shattuck, Groton,	*Remittent Fever.*
Alonzo Lawrence Stickney,	*Scarlatina.*
Nelson Briggs Tanner, Jr., Abington,	*Typhoid Fever.*
Joshua Brackett Treadwell, Boston,	*Compression and Concussion of the Brain.*
Samuel Cook Whittier, Dover, N. H.,	*Typhoid Fever.*

D. HUMPHREYS STORER, *Dean of the Medical Faculty.*

July 18, 1862.

MEDICAL MISSIONARY SOCIETY IN CHINA.—The twenty-third Annual Meeting of this Society was held at Canton on Thursday, the 23d of January, 1862, at the house of Messrs. Olyphant & Co.

Present, F. Parry, G. R. Lawrence, O. H. Perry, J. H. Nichols, E. E. Clapp, A. A. Lind, Esquires, G. Dods, M.D., Won Fung, M D., Rev. G. Piercy, Rev. A. Krolczyk, Rev. A. P. Happer, M.D., Rev. C. F. Preston and J. G. Kerr, M.D.

The Rev. J. H. Gray, M. A., Vice President, being unavoidably absent, O. H. Perry, Esq., U. S. Consul, was requested to take the chair.

The minutes of the last annual meeting were read and approved.

The Society then proceeded to the election of officers, when the following were chosen for the ensuing year :—

President—Thos. R. Colledge, M.D., F.R.S. Ed. (in Eng.) *Vice Presidents*—P. Parker, M.D. (in U. S.), S. Wells Williams, LL.D., Sir John Bowring, LL.D. (in Eng.), Hon. John Dent, John Heard, G. Nye, Jr., James Purdon, Esquires, Rev. J. H. Gray, M.A., D. N. Spooner (in U. S.), W. Delano, A. Fletcher, John D. Gibb, F. Chomley, O. H. Perry, Esquires, and Rev. D. Ball, M.D. *Corresponding and Recording Secretary*—J. G. Kerr, M.D. *Treasurers*—Messrs. Russell & Co. *Auditor*—J. Heard, Esq.

An abstract of the hospital report was read, from which it appeared that the number of patients attended to during the year was 12,591 in Canton, and 7,713 in Fuhshan, and that 786 children had been vaccinated at the two places. More than 200 in-patients had been received, and about 250 surgical operations had been performed. Religious services have been conducted at the hospital and dispensary by the Rev. C. F. Preston. The expenses of the two establishments have been $1,001.76, which includes rent, medicines, hire of assistants and coolies, money for poor patients, &c.

The Rev. Mr. Graves's report of the dispensary at Shiuhing, was also read. The number of patients prescribed for there, was 3,060, and 400 children had been vaccinated.

The Treasurer's report was then read and accepted. The amount paid out during the year was $1,113 for the current expenses of the

hospital and dispensaries. The amount received on subscriptions was $1,349.25, and on claim from Chinese Government, $124.16. The amount in the treasury December 31st, 1861, was $2,787.20, and a circular was laid on the table to which subscriptions had been obtained to the amount of $1,000 in addition. The decease of the Rev. Dr. Bridgeman was announced, and on motion of the Rev. Mr. Preston, seconded by the Rev. Dr. Happer, it was—*Resolved*, that this Society records with deep sorrow the death of the Rev. E. C. Bridgeman. D.D., one of its founders, and one of the vice presidents from the beginning.

Ung. Cadmii Iodidi.—Mr. Charles Heinitsh, of Lancaster, says, that the ointment of iodide of cadmium is getting considerably into use in that city as a substitute for the officinal Ung. Potassii Iodidi, because it does not discolor the skin. He recommends the following formula:—℞. Cadmii iodidi, ℈i.; adepis, ℥i.; ol. neroli, gtt. x.; ætheris, gtt. xx. Rub the iodide with the ether, till in fine powder, then add the lard and oil, and thoroughly mix them.—*Am. Jour. of Phar.*

Army Medical Department.—Dr. George Derby, Surgeon of the 23d Massachusetts regiment, has been made Post Surgeon of Newbern.

Surgeon-General Dale has issued the following order:—Surgeon S. A. Green, 24th Massachusetts regiment, George Derby, 23d, and George A. Otis, 27th, with Assistant Surgeon Hall Curtis. 24th, and J. C. Batchelder, 25th Massachusetts, are hereby constituted a Medical Commission for the examination of candidates for the medical Staff, Massachusetts Volunteers, Gen. Burnside's expedition, for vacancies, and under the bill passed by the Senate of the United States for an additional Assistant Surgeon.

Dr. S. T. Towle has been appointed Surgeon, and Dr. A. F. Holt Assistant Surgeon, of the Massachusetts 30th regiment.

Surgeon Ira Russell, of the Massachusetts 11th, and Assistant Surgeon Orrin Warren, of the Massachusetts 21st, have received honorable discharges.

Malpractice.—Dr. Royal M. Ayer, of Danville, Vt., has been mulcted in the sum of $300 damages and costs, for malpractice as a surgeon, in setting the shoulder of a Mrs. Stalina Gill, of that place. The case was tried in the Caledonia County Court.—*Med. and Surg. Reporter.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, July 19th, 1862.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week,	38	38	76
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	40.6	36.2	76.8
Average corrected to increased population,	..	..	85.73
Deaths of persons above 90,	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
12	5	0	5	2	0	1	1	1

Errata.—On page 406, line 6th, for "inwards," read *forward*. On same page, line 18th, for "of the dorsum ilii," read *on the dorsum ilii*.

Married,—In this city, James Ayer, M.D., to Miss Mary A. Storms.

Died,—In New Bedford, of paralysis, on the 18th inst., Dr. Paul Spooner, a highly respected practitioner, at the age of 76. He had been in practice upwards of 50 years, and retired from the more active duties of the profession about two years since.

Deaths in Boston for the week ending Saturday noon, July 19th, 76. Males, 38—Females, 38—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 1—cholera infantum, 5—consumption, 12—convulsions, 4—debility, 1—diarrhœa, 3—diphtheria, 1—dropsy of the brain, 1—drowned, 4—dysentery, 1—scarlet fever, 5—typhoid fever, 1—disease of the heart, 3—infantile disease, 4—insanity, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 1—measles, 2—old age, 1—scrofula, 1—syphilis, 1—teething, 2—thrush, 1—tumor, 2—unknown, 2—wounds (gun shot), 2.

Under 5 years of age, 35—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 13—above 60 years, 7. Born in the United States, 54—Ireland, 16—other places, 6.